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AMENDMENT TRANSMITTAL

PATENT

Application No.: 09/964,724
Filing Date: September 26, 2001
First Named Inventor: Xiao Feng Li
Examiner's Name: Pierre Etienne Leroux
Art Unit: 2171
Attorney Docket No.: 042390.P11585

☐ An Amendment After Final Action (37 CFR 1.116) is attached and applicant(s) request expedited action.
☒ Charge any fee not covered by any check submitted to Deposit Account No. 02-2666.
☒ Applicant(s) hereby request and authorize the U.S. Patent and Trademark Office to (1) treat any concurrent or future reply that requires a petition for extension of time as incorporating a petition for extension of time for the appropriate length of time and (2) charge all required fees, including extension of time fees and fees under 37 CFR 1.16 and 1.17, for any concurrent or future reply to Deposit Account No. 02-2666.
☐ Applicant(s) claim small entity status (37 CFR 1.27).

ATTACHMENTS

☐ Preliminary Amendment
☒ Amendment/Response with respect to Office Action
☐ Amendment/Response After Final Action (37 CFR 1.116) (reminder: consider filing a Notice of Appeal)
☐ Notice of Appeal
☐ RCE (Request for Continued Examination)
☐ Supplemental Declaration
☐ Terminal Disclaimer (reminder: if executed by an attorney, the attorney must be properly of record)
☐ Information Disclosure Statement (IDS)
☐ Copies of IDS citations
☐ Petition for Extension of Time
☒ Fee Transmittal Document (that includes a fee calculation based on the type and number of claims)
☐ Cross-Reference to Related Application(s)
☐ Certified Copy of Priority Document
☐ Other: _____
☐ Other: _____
☐ Check(s)
☒ Postcard (Return Receipt)

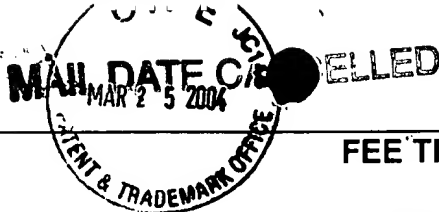
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MAR 30 2004

SUBMITTED BY: Technology Center 2100

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP
TYPED OR PRINTED NAME: Tom Van Zandt
SIGNATURE: *Tom Van Zandt*
REG. NO.: 43,219
DATE: 3/23/04
ADDRESS: 12400 Wilshire Boulevard, Seventh Floor
Los Angeles, California 90025
TELEPHONE NO.: (408) 720-8300

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (if applicable)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria Virginia 22313-1450 on March 23 2004
Date of Deposit
Alma Goldchain
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Name of Person Mailing Correspondence
Alma Goldchain
Signature
3/23/04
Date
Express Mail Label No. (if applicable):

**FEE TRANSMITTAL FOR FY 2004**

(FY 2004 Begins 10/01/2003)

TOTAL AMOUNT OF PAYMENT (\$) 110.00

Complete if Known:

Application No. 09/964,724
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☐ Applicant claims small entity status. See 37 CFR 1.27.**METHOD OF PAYMENT (check all that apply)**

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
- ☒ Deposit Account
Deposit Account Number : 02-2666
Deposit Account Name: _____
- ☒ The Director is Authorized to do the following with respect to the above-identified Deposit Account:
- ☐ Charge fee(s) indicated below.
 - ☒ Credit any overpayments.
 - ☒ Charge any additional fees during the pendency of this application.
 - ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
 - ☐ Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1001	770	2001	385	Utility application filing fee	_____
1002	340	2002	170	Design application filing fee	_____
1003	530	2003	265	Plant filing fee	_____
1004	770	2004	385	Reissue filing fee	_____
1005	160	2005	80	Provisional application filing fee	_____
SUBTOTAL (1) \$					_____

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid	
Total Claims	<u>30</u>	- 30** =	<u>0</u>	X	<u>\$18.00</u>	=	<u>\$0.00</u>
Independent Claims	<u>4</u>	- 4** =	<u>0</u>	X	<u>\$86.00</u>	=	<u>\$0.00</u>
Multiple Dependent						=	

**Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity		Fee Description
Code	Fee (\$)	Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0.00

3. ADDITIONAL FEES

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ 110.00

***Reduced by Basic Filing Fee Paid**

Typed or Printed Name: Tom Van Zandt
Signature: *Ben Van Zandt* Date: 3/23/04
Reg. Number: 43,219 Telephone Number: (408) 720-8300

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